



## POINT OF CONTACT SETUP

### Purchasing - 3059

Agent Number \_ \_ \_ \_

(Leave blank if Point of Contact Setup is sent with Agency Setup)

Company Number \_ \_ \_ \_

(Leave blank if Point of Contact Setup is sent with Billing Official Level Setup)

### Type of Contact

Please choose one:

- ☐ Primary  
☐ Alternate

Please choose one:

- ☐ A/OPC ☐ TDO ☐ EDI  
☐ Finance Officer ☐ Other \_\_\_\_\_

### Reporting Levels

Level 1 \_ \_ \_ \_ Level 2 \_ \_ \_ \_ Level 3 \_ \_ \_ \_ Level 4 \_ \_ \_ \_  
Level 5 \_ \_ \_ \_ Level 6 \_ \_ \_ \_ Level 7 \_ \_ \_ \_

### Point of Contact Setup Information (Complete all information)

Last Name \_ \_ \_ \_ \_  
(max. 20 char.)

First Name \_ \_ \_ \_ \_  
(max. 20 char.)

Agency /Organization Name \_ \_ \_ \_ \_  
(max. 30 char.)

Address 1 \_ \_ \_ \_ \_  
(max. 30 char.)

Address 2 (optional) \_ \_ \_ \_ \_  
(max. 30 char.)

City \_ \_ \_ \_ \_ State \_ \_ Zip \_ \_ \_ \_ \_ Country \_ \_ \_  
(max. 15 char.) (max. 9 char.)

Phone Number \_ \_ \_ \_ \_ Fax Number \_ \_ \_ \_ \_  
(max. 22 char.) (max. 17 char.)

Email address \_ \_ \_ \_ \_  
(max. 60 char.)

### Verification Identification (Password)

\_ \_ \_ \_ \_ Select your password. This will be required for all Customer Service inquiries.  
(max. 12 char.)

### Form Submitted by:

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Date Submitted \_\_\_\_\_

**FAX REQUEST TO 612-973-3791 or 1-800-974-0777**

OR

MAIL REQUEST TO:

U.S. BANK GOVERNMENT SERVICES

200 SOUTH SIXTH STREET – EP-MN-L28C, MINNEAPOLIS, MN 55402